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# **Cambodia's patient zero: The political economy of foreign aid and avian influenza**

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Stanford Center for International Development

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**Cambodia's Patient Zero:  
The Political Economy of Foreign Aid and Avian Influenza**

by

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**September 2009**

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# CAMBODIA'S PATIENT ZERO: THE POLITICAL ECONOMY OF FOREIGN AID AND AVIAN INFLUENZA

Sophal Ear<sup>\*</sup>

September 2009

## Abstract

What happens when a developing country with poor health infrastructure and even poorer animal health surveillance is thought to be a potential source for the next emerging infectious disease? This is the story of Cambodia and Avian Influenza. This paper undertakes a review of the relevant literature and analyzes the results of detailed semi-structured interviews of individuals highly engaged in Avian Influenza work in Cambodia. First, the political economy context is detailed with particular attention to aid dependency, tourism and the role of the livestock sector. The role of politics and the bureaucracy in this context is explored. Three competing policy narratives emerge: first, kill the birds, but don't compensate as it's too difficult and costly; second, behaviour modification change is the answer; and third, whatever happened to poverty and livelihoods? Finally, the political economy of the policy process in Cambodia is described, including actors, networks and interests.

The paper finds that in the context of avian influenza, donors are too often motivated by concerns other than protecting livelihoods, just as traditional aid activities are often dominated by the need to tie aid to donor countries, avian influenza activities have been overtly focused on detecting and preventing pandemic as a threat to the donor countries themselves. As of 2008, donors have committed \$35 million to Cambodia, placing it seventh among the top 10 recipients of avian influenza funding globally, fourth in terms of per case and per death from A/H5N1, and second in terms of per capita and per outbreak funding.

However, ultimate responsibility for the success or failure of policies in Cambodia must rest with those in charge. Poor governance and pervasive institutional failure have plagued the response in Cambodia. Effective disease response and effective governance must go hand-in-hand. A rushed, emergency oriented response to avian influenza may have undermined already weak governance capacity in Cambodia, fuelling patronage networks and encouraging rent seeking. Whether such funds have increased the ability of Cambodia—and the world—to prevent a future pandemic remains uncertain.

**Keywords:** Highly Pathogenic Avian Influenza, Cambodia, Political Economy.

**JEL Classification No.:** P26, P32, P33.

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## Introduction

In January 2005, Cambodia's first human victim of the H5N1 virus was confirmed. The discovery took place not in Cambodia, but in Vietnam. News accounts were critical of Cambodia's notoriously weak health infrastructure, including a 2005 story in *Science* magazine, entitled 'First Human Case in Cambodia Highlights Surveillance Shortcomings' (Normile 2005: 1027). Two weeks later, a 5 March *Wall Street Journal* article commented: 'In rural Cambodia, dreaded avian influenza finds a weak spot' relates the valiant efforts of Cambodia's 'chief flu-hunter at the cash-strapped Ministry of Health' whose 'emergency budget for educating [Cambodia's] 13 million people about bird-flu dangers is just \$2,500' (Hookway 2005).

Not only had Cambodia failed to detect its first human victim, crucial evidence of possible spread had also been destroyed when the body was cremated. Confirmed was an image of Cambodia as a hapless nation-state, so fragile and incapable that it had failed to protect<sup>1</sup> its own citizens. Was this an echo of the mid-1970s when nearly a quarter of its population was killed in now infamous 'Killing Fields' where the fanatical Khmer Rouge regime had reset time itself to Year Zero? Now Cambodia risked being Ground Zero for the next global pandemic, after more than a decade of intensive donor intervention to 'develop' the country.

In 2005, Cambodia had thus become a pivotal setting in the unfolding avian influenza response. A fragile state was portrayed with limited resources and little capacity to respond to a pandemic outbreak, one that could quickly sweep across the world. A BBC docu-drama, *Pandemic*, portrayed a frightening scenario<sup>2</sup>. Over an increasingly dramatic piano score, a narrator begins: 'Scientists are worried that the H5N1 virus will soon acquire the ability to infect larger groups of people. They're confident that when it does, it will do so somewhere in Southeast Asia.' The camera then pans to Phnom Penh's unmistakable urban landscape and the words 'Phnom Penh, Cambodia' and 'next week' appear on the screen. The narrator continues:

'24-year-old labourer, Eav Chhun, could be anyone of millions of migrant workers scattered across the region. He is making a long journey home to visit his family in the north of the country. Although he doesn't know it yet, Eav Chhun is about to become a vital part of H5N1's next step on the road to world domination... It will be the last time that Chhun makes the journey north.'

The video features not just actors, but Dr. Gregory Poland of the Mayo Vaccine Research Group, who explains how:

'Right now this H5N1 virus is causing a pandemic in birds but very little disease in humans ... but the reason it hasn't been millions of people is because this H protein right now cannot attach very easily to human cells and cannot spread from one human to another' adding 'the best scientific estimate is that one or two mutations will be enough to allow this virus to attach easily to human cells, and thereby spread from one human to another.'

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<sup>1</sup> The responsibility to protect, a concept of international law that emerged in the 1990s, is invoked for the right of humanitarian intervention, both when intervention has happened—as in the case of Kosovo or Georgia—and when it has failed to happen as in the case of Rwanda or Myanmar.

<sup>2</sup> This was transmitted on 7 November 2006 on BBC2 in the UK, and was rebroadcast on Australia's Special Broadcasting Service Television. The video (split into two parts) has also been posted on YouTube, see BBC (2006).

The drama later shows a Caucasian female doctor, with a British accent, running a health clinic in the Cambodian countryside, alarmed when she hears from one of her patients of the spread of influenza-like symptoms in a small village. A concerned bureaucrat at the World Health Organization's office in Phnom Penh jots down notes and prepares to leave for the village in a convoy of shiny Toyota Land Cruisers filled with personal protective equipment.

Meanwhile Eav Chhun, who has already contracted H5N1, returns to Phnom Penh whereupon he spreads the disease to unknown thousands as the high-speed convoy heads to the village. A satellite image of Phnom Penh, then Southeast Asia, and finally the West Coast of the United States fills up in a cloud of red as the virus spreads. Scenes from fictitious newscasts around the world show the virus' deadly global impact. The narrator warns: 'Within eight weeks of Eav Chhun's fateful journey, pandemic flu has spread from a tiny village in a remote part of Southeast Asia to much of the planet... Every nation is affected.'<sup>3</sup> He concludes: 'The virus is no respecter of wealth, religion, or location. As the infection relentlessly overcomes any government efforts to keep it out, nations around the world start to mourn their first dead.' The docu-drama closes with a framed portrait of Eav Chhun, now deceased, on a small stand in a darkened room. His mother holds incense in clasped hands, praying for his soul.

These powerful, dramatised media images broadcast across the world have added to the perception that Cambodia is potentially the originator of patient zero in the next pandemic. As with other countries in the region, this has attracted a vast amount of attention, and considerable new resources for animal health, human health, behaviour change and communication and pandemic preparedness planning across numerous projects and initiatives. But what has been the consequence of this deluge of aid and this vast acceleration of activity?

Already awash in donor money,<sup>4</sup> Cambodia played a significant role on a global policy stage in both clamouring for its share of the avian flu funding pie and becoming an incubator for donor trial-and-error experiments on how to minimise the risk of avian influenza's spread inside Cambodia and beyond its borders. Cambodia offers a prime example of the influence of foreign aid on a weak state, where average civil servant wages are equal to a local garment workers' minimum wage. The experience shows how conflicting priorities such as the drive for tourism dollars and the need for public health are sometimes at odds with one another. The case of Cambodia shows the challenges of operating in a heavily donor and Non-Governmental Organization (NGO)-driven, projects-based environment in which each project can become its own silo, and where patronage politics runs rife. Overall, the story demonstrates how the international response acted to swamp an already weak state administrative and policy capacity, providing an unusually large scope for uncoordinated action, duplication and corruption.

Playing its part as an 'infected'<sup>5</sup> country, Cambodia asked donors for \$32.5 million at the January 2006 International Pledging Conference on Avian and Human Influenza in Beijing, (World Bank

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<sup>3</sup> The director of the U.S. Centers for Disease Control and Prevention, Dr. Julie Gerberding said 'A problem in a remote part of the world becomes a world problem overnight' (as quoted in Walsh 2005).

<sup>4</sup> In 2006, aid was 7.6 per cent of Gross National Income, a relative decline from previous years—which from 1993-2006 averaged nearly 11 per cent. The total amount of official development assistance and official aid totalled nearly \$6 billion in that same period, and per capita aid averaged a relatively generous \$33 per capita per year, peaking at \$48 per capita in 1995 and remaining above \$35 per capita since 2002.

<sup>5</sup> World Bank (2006a: 19) includes Cambodia among 'infected countries' and defines the term as 'countries where initial outbreaks of HPAI were not contained, resulting in the further spread of HPAI to a large proportion of poultry sector and to other areas of the country. Infected countries where human cases have been recorded will require significant assistance to control and eradicate the disease progressively from the poultry sector and prevent further human cases.'

2006c). This has since resulted in at least 15 implementing partners slated to execute \$22 million for 2008-2009<sup>6</sup> to combat avian influenza and promote pandemic preparedness across four areas: Animal Health, Human Health, Information, Education, and Communication (IEC), and Pandemic Preparedness itself.

How has this process played out? What have been the main narratives which have framed the debate? And how has the wider political economy of the avian influenza issue – and its particular context in Cambodia – influenced the outcomes? The following sections explore this story through an examination of the competing policy narratives and political interests that have influenced the way the avian influenza response has unfolded in Cambodia. First, the paper turns to the political and economic context, setting the particular events of recent years in an historical perspective.

### **1. The political economic context: aid dependency, tourism and the role of the livestock sector**

Aid has played a big part in the political economy of the avian influenza policy process in Cambodia. Cambodia is one of the most aid-dependent countries in the world. Between 1993 and 2006, US\$6 billion aid dollars have been spent. This averaged \$33 per capita per year, peaking at \$48 per capita in 1995 and remaining above \$35 per capita since 2002. In 2003, approximately \$514 million in Official Development Assistance (ODA) was disbursed, equivalent to 11.5 per cent of gross national income. While the magnitude of ODA has increased somewhat since then,<sup>7</sup> GDP growth has also been rapid from 1998-2008 (almost 10 per cent per year), reasons for which are detailed in Guimbert (2009) and Ear (2009b). Unfortunately, such generous aid infusions have not been met with improved domestic tax revenue collection.

Alongside the aid economy, two sectors—garments and tourism, accounting for around 14 per cent of GDP each—have stood out in the past decade. According to the Economic Institute of Cambodia, the garment sector has added an estimated 2 per cent annually to GDP since 1995, although this is tapering off (EIC 2007: 12). No equivalent contribution to GDP growth is available for tourism, but it has been the main contributor to growth in the services sector which had the largest sectoral (41 per cent) share of GDP in 2007. Threats to tourism include violence and the fear of pandemics such as the Severe Accurate Respiratory Syndrome (SARS) corona virus. SARS' major direct impact was to scare away tourists from Cambodia in 2003, explaining in part the nearly 11 per cent drop in visitor arrivals (Ministry of Tourism 2006, cited in Chheang, 2008: 292). The arrival of avian influenza in 2004 sent shockwaves through the tourism industry, with major fears about an already fragile revenue stream.

#### **The livestock sector**

H5N1 of course is primarily a disease of birds, and the role of poultry in the wider agricultural economy makes a huge difference to the way the disease is seen. In rural

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<sup>6</sup> UNRC (2008). The total is \$22,251,906 to be precise; a figure that includes ongoing programs started in 2006-2007, but does not include in-kind contributions. A finance gap of \$2,383,439 has been identified.

<sup>7</sup> Pledges for 2009 amount to \$951.5 million, including \$257 million from China, followed by the European Union with \$214 million, and Japan with \$112 million. While the importance of China in Cambodian politics is undeniable, both as a reason for why Cambodia can exercise independence from Western donors and as a source of attention from the United States towards Cambodia, China itself is not a major donor to Cambodia for Avian Influenza-related activities and is not discussed in any detail in this study.

Cambodia, livestock contributes to 19 percent of household income for the poorest 40 per cent of households, while 11 per cent for the wealthiest 20 per cent of households. Two recent surveys have shown that 62 per cent of households hold bovines, 54-56 per cent hold pigs, and 74-75 per cent hold household poultry (Ifft 2005: 2). The overall average livestock per family is 1.6 cattle/buffaloes, 1.2 pigs, and about 10 chickens (FAO 2007: 30).

In 2006, agriculture accounted for 34 per cent of GDP, a decreasing share due to continued growth in garments and tourism. However, 80 per cent of Cambodians live in rural areas and depend on agriculture. Livestock accounts for about a third of agricultural GDP in Cambodia. The population of cattle and buffaloes is approximately 2.5 million as is the number of farming families in the country (FAO 2007: 30), and Cambodia is one of the few countries in the region with excess supply of livestock: cattle, pigs, and poultry. The demand for meat is growing rapidly in Southeast Asia. The development of agriculture and agro-processing are key for Cambodia's survival in the global economy (Godfrey 2003; World Bank 2004), especially following the end of the preferential quotas for the export of garments.

There are circa 16 million poultry in Cambodia, more than 90 per cent of which are backyard chickens and ducks, making the structure of the industry overwhelmingly what is known as 'Type 4', in other words backyard holders. Around two million village households raise backyard chickens numbering around 15 million heads. According the last poultry census (November 2004) by the Ministry of Agriculture, Forestry, and Fisheries (MAFF), there were 52 layer commercial farms (total of 206,000 head); 92 broiler commercial farms (total of 422,000 head); and 331 commercial duck farms (total of 300,000 head) according to Sorn (2005).

Cambodia does not currently export poultry or poultry products, and so, alongside the potential impact on tourism, the impact of avian influenza is largely on the backyard sector and local livelihoods. The World Bank's 2006 *Poverty Assessment* for Cambodia commented:

Within the livestock sub-sector, poultry and swine production have each grown at just over 2 per cent per annum, slightly higher than the rate of large ruminant production (1.7 per cent). In value terms, poultry is still the smallest of these three livestock activities, and an outbreak of avian influenza is unlikely to exert a large negative impact on overall growth of the sub-sector, although a pandemic could exert a very negative impact on tourism. (World Bank 2006b: 59)

### **Politics and bureaucracy: patronage at its worst?**

Cambodia is a constitutional monarchy with three branches of government (legislative, executive, and judicial) in which the King 'shall reign but shall not govern'.<sup>8</sup> Table 3.1 offers a brief overview of the periods since colonialism that have dominated Cambodian politics. From 1993 the Kingdom of Cambodia was resurrected, and the so-called First Mandate (1993-1998) unfolded. At this time, the legislative branch was unicameral with only a National Assembly but two Prime Ministers serving jointly. By the Second Mandate (1999-2003), it became bicameral, adding a Senate to the already existing National Assembly. The Senate is intended to review legislation, but is too often merely a rubberstamp, as is the National Assembly. With the formation of the Third Mandate in 2004, the Heritage Foundation (2005) called the coalition deal 'patronage at its worst' with one Prime Minister, seven Deputy Prime Ministers, 15 Senior

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<sup>8</sup> <http://www.cambodia.gov.kh/unisql1/egov/english/organ.constitution.html>



Ministers, 28 Ministers, 135 Secretaries of State, and at least 146 Undersecretaries of State. The Fourth Mandate, elected in 2008, only increased this patronage, with ten Deputy Prime Ministers, 16 Senior Ministers, 26 Ministers, 206 Secretaries of State, and 205 Undersecretaries of State.<sup>9</sup>

Table 3.1: A brief history of Legal, Political, and Economic Systems in Cambodia

Period	Legal System	Political System	Political Power	Economic System
<b>Before 1953</b>	French-based civil code and judiciary	Under French protectorate	Held by the French	Colonial
<b>1953-1970</b> (The Kingdom of Cambodia)	French-based civil code and judiciary	Constitutional monarchy	Held by King Norodom Sihanouk (until he abdicates in 1955) then as Prince Norodom Sihanouk alternately as Prime Minister or Head of State of an elected government known as the Sangkum Reastr Niyum or People's Socialist Community (1955-1970)	Market and then nationalisation
<b>1970-1975</b> (The Khmer Republic)	French-based civil code and judiciary	Republic	Held by Lon Nol and Sirik Matak with U.S. support	Market, war economy
<b>1975-1979</b> (Democratic Kampuchea)	Legal system destroyed	All previous systems abolished, extreme Maoist agro-communism	Held by Pol Pot and the Khmer Rouge with Chinese and North Korean support	Agrarian, centrally planned
<b>1979-1989</b> (The People's Republic of Kampuchea)	Vietnamese communist model	Communist party central committee and local committees	Held by the Kampuchean People's Revolutionary Party which picks Hun Sen as Prime Minister beginning in 1985 (Vietnamese backed with 100,000 troops; Soviet support)	Soviet-style central planning
<b>1989-1993</b> (The State of Cambodia)	Greater economic rights	Communist party central committee and local committees	Held by Cambodian People's Party CPP (renamed from KPRP) with Hun Sen as P.M. (Vietnamese backed, all troops withdrawn)	Liberalized central planning
<b>1993-1998</b> (The Kingdom of Cambodia) <i>First Mandate</i>	French-based civil code combined with common law in certain sectors	Constitutional monarchy in which the King reigns but does not rule	Shared between Ranariddh (Funcinpec) and Hun Sen (CPP) in a unique arrangement of co-Prime Ministers with required 2/3 supermajority for governing coalition	Transition to a market economy

<sup>9</sup> <http://www.state.gov/r/pa/ei/bgn/2732.htm>

Period	Legal System	Political System	Political Power	Economic System
<b>1998-present</b> <i>Second, Third and Fourth Mandates</i>	As above	As above	Held by Hun Sen as Prime Minister in a CPP-Funcinpec coalition government that required a 2/3 supermajority until 2006 when the Constitution was changed to allow 50% +1	Market economy

Notes: The 1993-1998 period is often seen as an Emergency Phase, while the 1998-present period is seen as a Development Phase. Pol Pot died in 1998, the Khmer Rouge (KR) disbanded completely in 1999. *Source:* Adapted from Wescott (2001) based on Chandler (1991) and MLG and DFDL (1999).

Politics in Cambodia is predicated on power and money and the CPP (Cambodian People's Party) has both in ample supply. Hun Sen—a man the *Economist* (2008) characterised as 'One of the last (we hope) Asian strongmen'—is the longest serving Prime Minister in Southeast Asia. The CPP's political base is concentrated at the village level in the rural provinces, where it exerts greater influence on the people through its network of village, district, and commune chiefs (the latter were, until 2002, entirely appointed by the CPP). In addition, the Khmer Rouge legacy shapes the current regime's thinking and the manner in which it behaves. Indeed, the current regime credits itself with having vanquished the Khmer Rouge threat and brought stability to Cambodia. The CPP top leadership comes from the lower echelons of the pre-1977 Khmer Rouge movement and has yet to reconcile itself with what subsequently occurred under Pol Pot.

The role of the military in Cambodian politics should not be underestimated. Arguably, the military is the fundamental base of Hun Sen's power; most military forces near the capital are loyal to him. Loyalty in Cambodia, of course, is bought; a good chunk of the government budget is expended on defence and, in turn, partly used for illicit activities by senior members of the military. Because of non-transparent parallel budgets, no-one really knows how much is actually spent on feeding the military machine. One estimate puts it close to \$300 million—nearly a third of the official government budget for 2006. Plans for 2009 include doubling military spending to \$500 million according to AFP (2008).

As everywhere, policymaking takes a particular character in Cambodia. There are at least three types of policy pronouncements in Cambodia: the policy speech; the strategy and/or plan (of which technically there are two sub-types, funded or unfunded), and an actual *prakas* (ministerial declaration or regulation), *sarachor* (circular), *anukret* (sub-decree) issued by the Council of Ministers or *chhabab* (law) passed by the National Assembly. The order of importance is not entirely clear. The policy speech has the least significance in the long run: it can stop Karaoke bars for a few weeks or months or even make illegal checkpoints disappear temporarily, but they invariably come back. The strategy/plan is more significant, but it is often times more like a wish list, and certainly the unfunded wish list has much less influence than the funded one. Finally, while actual legislation should mean something, it is not necessarily the case. Laws are regularly violated or ignored the further one moves from Phnom Penh. If and when policies become law, their enforcement is an entirely different matter.

In theory, the policy process originates in the department of a concerned ministry and moves-up, via the Undersecretary of State in charge, then to the Secretary of State, then the Minister, whereupon it can become a *prakas*. If the policy is nationwide and/or has impacts on policies beyond the Ministry's control, then it must go to the Council of Ministers where it is reviewed

and signed by the Prime Minister and countersigned by the relevant line Minister (Oberndorf 2004).

Policy is highly centralised and top-down, and defined by political imperatives leaving little room for manoeuvre by technocrats and administrators. For example, in discussing livestock policy, Sen (2003: 3), who was at the time a Deputy Director in the Department of Animal Health and Production in the Ministry of Agriculture, Fisheries and Forestry, argued that those wanting to influence policy needed to interact at a level beyond the department, such as with an Undersecretary of State or higher. This indicated the political reality of his own department and the lack of power he exerted beyond it. Even if a senior technocrat supported policy change, opportunities to effect such change is severely limited. As such, it speaks to the impotence of the current policy process and, to some extent, of policies themselves.

It was thus into this economic and political context that avian influenza arrived: a highly donor-dependent state, emerging from a long period of conflict and with a centralised system of decision-making, with limited room for manoeuvre in the bureaucratic system given the political and patronage control exerted by party and military forces.

## **2. Timeline: from wake-up to emergency via non-decision decisions**

Any timeline must have a starting point, and the emergence of SARS between November 2002 and July 2003 was an important wake-up call. With 8,273 known infected cases and 775 deaths (a case-fatality rate of 9.6 per cent) worldwide (WHO 2004), 28 countries and territories were affected within ten months. This included most of Southeast Asia with the notable exception of Cambodia,<sup>10</sup> Brunei, Myanmar, Laos and Timor-Leste, and went well beyond Asia, involving the United States, Canada, Germany, the United Kingdom, Italy and Sweden, among other countries. As travellers were fearful that travel by plane would risk contagion, SARS and then later avian influenza framed the downside of globalisation, worldwide travel and the developing world's relationship to the developed world in a new context. SARS became a rallying call for what to do about places like Cambodia, where the health infrastructure system, destroyed by decades of war and plagued by corruption, could barely function. SARS was only a test, a test of Cambodia's emergency response system, while avian influenza became the real emergency.

By December 2003, avian influenza had already infected both Thailand and Vietnam. It was only a matter of time that, through cross-border trade (much of which remains unofficial), the disease would reach Cambodia. Aside from the standard concerns for its own image as a tourist Mecca and overall public health concerns which affect not only the poor but the rich, one of Cambodia's motivations to work on avian influenza control, despite the relatively small number of cases in animals and humans, was to capture a slice of donor contributions to the region, and because of the country's historical aid-dependence, international organisations and agencies were able to influence policy and agenda setting. But only up to a certain point; it was at compensation for culling that Cambodia drew the line.

On 13 January 2004, the Cambodian government temporarily banned the import of birds and poultry eggs from neighbouring Thailand and Vietnam. Within 10 days, Cambodia detected its first outbreak of avian influenza on a farm outside Phnom Penh. At least 3,000 chickens were reported to have died in three farms near Phnom Penh. Two days later, 10,000 chickens were culled. A government official recalled this period:

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<sup>10</sup> While SARS was not detected, it was not for want of looking. 'New SARS-like Mystery illness in Cambodia' announced Associated Press (2003).

At that time Vietnam was facing this bird flu problem. And I heard about this issue in Thailand in November 2003. At that time we didn't hear yet from Hong Kong. In Cambodia, I found a case and reported to the Minister of Agriculture on 6 January 2004. There was a problem importing chicken from Thailand, from a farm that had problems with bird flu. The farm tried to hide this information. We then temporarily banned importation of birds from Thailand. In Vietnam, they announced this since early January (9<sup>th</sup>). For us, we announced this quite late, late January (23<sup>rd</sup>). Then we followed up the case: chicken had already been imported from Thailand. In 20<sup>th</sup> February, I ate chicken. The problem with bird flu is about the market. We made owners who raise chickens lose money, so we lost market. If the government had a policy on this, this information would have spread faster. I made a presentation during roundtable meeting. I have all the documents. *We found the issue even before Thailand and Vietnam, but because we had a poor broadcasting system, this information spread more slowly.* [Emphasis added]<sup>11</sup>

On 22 January 2004, the Prime Minister issued a *prakas* on the creation of a national inter-ministerial committee on avian influenza. This committee would deliberate on important issues such as compensation and vaccination. While it is unclear how or when the decision was made — no record of a decision actually exists — a government official claimed that the Prime Minister decided that Cambodia would not adopt a compensation policy<sup>12</sup> in what can only be called a 'non-decision decision'. This is reflected by a letter from one minister to another stating that the Government had, as a matter of practice, no policy of compensation (of which more later).

Thus was framed the first important narrative in Cambodia's avian influenza policy process. Much international pressure was exerted on Cambodia to adopt a compensation policy. David Nabarro, the Senior UN System Coordinator for Avian and Human Influenza at United Nations Headquarters in New York, Douglas Gardner, the UN Resident Coordinator and United Nations Development Programme Resident Representative to Cambodia, and Michael O'Leary, the WHO Representative to Cambodia, among others, all raised the issue. Minutes of Avian Influenza Partnership Meetings show a recurring refrain in 2005 and 2006. But by then it was too late. The non-decision decision was justified as pre-existing government policy not to compensate for culling because no such policy existed.

Authorities' experience with guns for cash, a disarmament programme, had taught them that to give money as an inducement would be corrupting. The guns were recycled for more cash. The fear was of false reporting, cheating, or sick birds from Vietnam brought across the border to obtain compensation in Cambodia. Because compensation is such a convoluted issue at least three reasons summarise its avoidance: the potentially heavy fiscal burden, negative past experiences and the logistical challenges of implementation.

It would not be until a year later, in January 2005, that the focus would shift from animal health to human health when Cambodia's first victim was discovered by a Vietnamese hospital. As soon as a human victim was confirmed, the focus shifted to human health and the Ministry of Health (MoH). This had the effect of bringing into focus inevitable comparison and contrast between the ministries (MoH and MAFF) and set off a competition for resources and a flurry of bureaucratic politics. Because animal surveillance was intended to warn of risks to humans, the discovery of the seventh human victim without any animal outbreaks detected created immediate tension

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<sup>11</sup> Interview, Phnom Penh, 2 June 2008.

<sup>12</sup> Interview, Phnom Penh, 2 June 2008.

between the ministries. As a Cambodia-based expert commented: ‘Rivalry is between MoH and MAFF. They blame each other ... For example, [after] the seventh death, MoH calls MAFF and blames them for not knowing [in advance, by finding an animal outbreak].’<sup>13</sup> A government official explained further:

‘Yes, because of that, the Minister of Agriculture blamed me. I don’t think Ministry of Health or WHO work better than Ministry of Agriculture; they only found the case when people go to hospital. Usually, when a few chicken died, people never report, only when they ate and die, then they suspected. I think there could be more people who died of bird flu but the Ministry of Health doesn’t know. The Ministry of Health didn’t know this in advance, only after people died and we did the test, that we got to know that. Other countries, they were clear, they know for example, there are 90 people sick and 40 of them died. The Minister blamed me, that animal vets should get the information before medical doctors. How can we do that when medical doctors also don’t know; only after people died? Village vets will report only when many chickens died. We tried to strengthen the surveillance system, but the Ministry of Health should also strengthen this as well.’<sup>14</sup>

In early 2005, Cambodia once again banned the import of live birds and eggs from neighbouring Vietnam and Thailand. This cycle of outbreaks, victims, and bans, would continue on for another two years. The role of intensive poultry production is often suspected as a source of avian influenza outbreaks. Charoen Pokphand (C.P.) Cambodia, a unit of Thailand’s largest agricultural conglomerate Charoen Pokphand Group, denied in September 2004 that it was involved in any way, although its breeders were vaccinated against avian influenza. The company’s president Sakol Cheewakoseg said ‘C.P. Cambodia didn’t cause the deadly virus spread in Cambodia since it has taken strict preventive measures in its farms’<sup>15</sup>. His comment came after media reports that C.P. Cambodia may have caused the spread. For example, a farm near the Cambodian capital was closed after about 2,300 chickens died of bird flu in September 2004. In total, 23 outbreaks (see Figure 3.1) were confirmed from January 2004 through December 2008. Since 2004 seven Cambodians have died of H5N1, eight have been infected through December 2008.

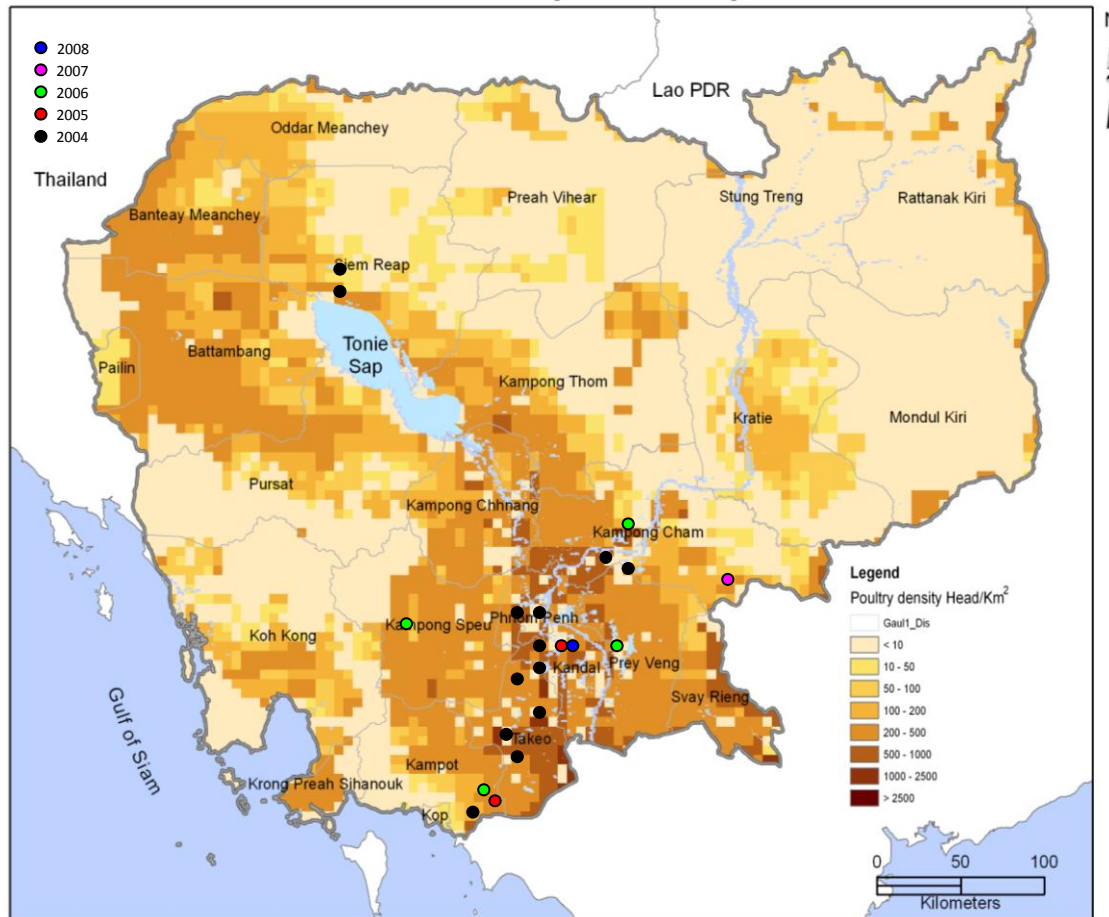
Figure 3.1: H5N1 Animal Outbreaks 2004-2008

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<sup>13</sup> Interview, Phnom Penh, 8 May 2008.

<sup>14</sup> Interview, Phnom Penh, 2 June 2008.

<sup>15</sup> Yahoo Finance (2004).



Source: Adapted from Burgos et al. (2008).

The story highlights many political and bureaucratic undercurrents. For example, the outbreak in poultry is discovered only *after* a human victim is discovered in a neighbouring country. This caused the MoH to embarrass MAFF for its inability to detect the infection first. Although this was a minor spat that only bruised feelings, it frames the bureaucratic politics and the intense intra-governmental rivalries and jealousies which have arisen—particularly around competition over avian influenza funds, roles and responsibilities. Cambodia's experience laid bare the difficulty of inter-ministerial collaboration, especially between MoH and MAFF, as quarrels, rivalries and competition between ministries and departments hampered collaboration and success.

Since 2006, behaviour change communication has become an increasing focus. At this time, the National Committee for Disaster Management (NCDM)<sup>16</sup> entered the picture. Two themes

<sup>16</sup> According to Khun (2002: 27-28), NCDM's Mission is to lead disaster management in the Kingdom of Cambodia. Its functions and responsibilities are: (1) To coordinate with the Ministries of the Royal Government, UN agencies, IOs, NGOs, International Communities, National Associations, and Local Donors in order to appeal for aid for Emergency Response and Rehabilitation; (2) To make recommendations to the Royal Government and issue principles, main policies and warnings on Disaster Preparedness and Management cum the measures for Emergency Response and interventions in evacuating people to haven; (3) To disseminate Disaster Management work to Communities and strengthen the line from the National level (Ministries / Institutions concerned) to the provincial/ Municipal/ District/ Precinct level along with human resource development aiming to manage Disaster works firmly and effectively; and

emerge. First, the more experienced MoH was seen as a viable implementer of donor funds, while the MAFF was perceived as having less capacity and an unknown quantity at managing large donor resources. Second, NCDM—as the new kid on the block—was only too happy to get any money at all, but it has had to tread carefully. For example, a May 2008 pandemic simulation organized by NCDM failed to involve MAFF at the national level, creating much upset.

At the 4-6 November 2006 Water Festival in Cambodia, the USAID-funded American NGO, Academy for Educational Development (AED), introduced a new super hero character to increase public awareness about avian influenza prevention. Developed during an AED workshop with Cambodian government officials, ‘Super Moan’ is a ‘broad-breasted rooster with a familiar red cape and strong opinions about healthy behaviours’ (AED 2007). The emphasis is on messages like fencing-in poultry and quarantine of new poultry to prevent transmission. The rooster first appeared in public service announcements, on posters, and in booklets; later he becomes animated in costumes for community theatre performances throughout the country and even is even introduced by the US Ambassador to the Minister of Agriculture, Forestry, and Fisheries (see Figure 3.2). This culminates on Super Moan’s encounter with Prime Minister who then shakes (squeezes) his beak on TV. Strongly associated with the United States because of USAID funding, Super Moan was simultaneously exported to Laos as ‘Super Kai’ and becomes part of the global avian influenza landscape.

Figure 3.2: Super Moan in action

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(4) To put forward a proposal to the Royal Government on reserves, funds, fuel, means of working, equipment and human resources for Disaster Prevention and intervention in Emergency Response and Rehabilitation before, during, and after disaster.





Note: From Left to Right, Super Moan (Chicken), H.E. Excellency Meas Kimsuvaro (Under Secretary of State, MAFF), H.E. Dr. Chan Sarun (MAFF Minister), Dr. Kimiko Uno (FAO Representative) and Ambassador Mussomeli pose for a photo with Super Chicken and a decontamination suit model during the USAID donation of Personnel protective equipments hand-over ceremony in Phnom Penh, 17 May 2007. USAID donated 4,500 set of bird flu protection equipment to MAFF. Credit: US Embassy (2007)

While the line ministries fought over who should have discovered what first, the issue of pandemic preparedness builds momentum. This is driven by the absence of a plan for avian and human influenza. Although there are separate plans for animal health and human health, these are not coordinated with one another (Desvaux 2005). In July 2007, the National Comprehensive Avian and Human Influenza Plan was released with a foreword by the Prime Minister. In it, he writes ‘A human influenza pandemic is inevitable.’<sup>17</sup> He ends as follows: ‘Strong leadership, organisation and co-ordination, and clear lines of accountability and communication will be key in pandemic preparedness and response’ adding ‘The Royal Government of Cambodia respectfully calls upon all relevant national and international partners to play their part in together overcoming the threats of the influenza Pandemic.’<sup>18</sup> Three taskforces were subsequently created: Investigation; Information; and Culling and Disposal. The international community—notably through WHO, UNICEF and FAO—stepped up activities, along with a plethora of NGO projects.

<sup>17</sup> RGC (2007: 1).

<sup>18</sup> Ibid.



On 12 December 2008, an eighth victim, 19 year-old Seng Sopheak of Kandal Province, was confirmed to have H5N1 when an unrelated systematic multi-size hospital-based study of the U.S. Naval Medical Research Unit No. 2's (NAMRU-2) happened to find the virus in his blood. Kandal adjoins Phnom Penh and is home to a large live animal way station and processing area in Ta Kmao. The infection was suspected to have taken place when Sopheak ate dead chicken during *Bonn Oum Touk* (the Water Festival) which took place on 11-13 November 2008. Once again, MAFF did not find the birds before MoH (with NAMRU-2's help) found the human victim, and this was again perceived as a failure of animal surveillance; although with the July 2008 elections long passed, by the end of 2008 it was probably safe to 'discover' avian influenza without political recriminations, a fear that some people informally expressed. As of this writing, the last animal outbreak registered with the OIE was on 25 December 2008, in Kandal Province, nearly two weeks *after* Seng Sopheak was confirmed to have the disease.

Thus, between 2004 and 2009, the role of donors; the economy and the risks to tourism and the role of media in framing risks and scares were all important in shaping how Cambodia reacted to avian influenza. The story raises several critical questions: How did Cambodia react to the threat of avian influenza given its economy and the importance of its tourism industry? What was the role of donors and what did they do with respect to avian influenza, given media risk framings? How did poverty and livelihoods fit into the grand scheme of things? These are questions which are explored in the following sections, as the competing narratives framing policy are unpacked.

### 3. Competing Policy Narratives

In any telling of a story, different versions can emerge. It is important to ask what competing storylines exist, which dominate and what silences particular versions. The previous section drew a picture of a country grappling with avian influenza from animal health in 2004 to human health in 2005, Information, Education, and Communication messages in 2006 and a 'plan' from 2007. This rough timeline of events is in turn interwoven with intensive debate and complex political and bureaucratic manoeuvring. This section explores three overlapping debates – the vexed issue of culling without compensation; competing framings of risk and so the need for behaviour change and the significance of poverty and livelihoods as a driver of policy processes.

#### **Narrative 1: Kill the birds, but don't compensate as it's too difficult and costly**

From the onset of the first reported avian influenza outbreak in poultry in January 2004, no decision regarding compensation for culling poultry surfaced. This was apparent in a 2005 report by Vétérinaires Sans Frontières for FAO which noted that 'providing financial compensation to producers officially HPAI-infected (to compensate for their losses and to encourage disease reporting by producers in the future)' (VSF 2005: 2) was urgently needed. Yet in the 10<sup>th</sup> weekly 'Bulletin on Avian Influenza in Cambodia' published by FAO and WHO Representations in Cambodia on 12 July 2005, under 'Country situation: Animal Health' a short paragraph appears:

H.E. Chan Sarun, Minister of Agriculture, Forestry and Fisheries, sent a letter on Monday 4 July [2005] to H.E. Lu Lay Sreng, Deputy Prime Minister and Minister of Rural Development, in response to his request in exploring the possibility of funding compensation for poultry culling in Kampot Province. *H.E. Chan Sarun clearly explained that MAFF/RGC's policy does not allow to pay [sic] compensation to the farmers.* [Emphasis added] (FAO and WHO 2005: 1)

This narrative is the extent of any actual policy pronouncement in the curious case of the non-decision decision by the RGC to disallow compensation for culling of poultry. As a health expert

commented: ‘With the decisions from above that there should be no compensation, we do not know where it is from... is it from Hun Sen or the National Assembly? We do not know... there is no sub-decree or anything...’<sup>19</sup> A staff member from a donor agency commented:

‘Right, there is no compensation policy. Regarding AI issue, the MAFF was only in charge of spreading the Council of Ministers’ announcement and has accordingly worked with the village and commune chiefs in order to help them to mobilize the opinion and Government decision. Consequently, the Ministry staffs jointly with the local authority explain to the concerned breeders the huge impact and large scale effect of the epidemic. The ultimate solution is to eliminate all contaminated birds. Some villagers even tried to hide their poultry or kill them for food.’<sup>20</sup>

The mention in the *Bulletin* is important as it confirms that discussion regarding compensation had reached the highest levels of government, the Ministerial level and the Deputy Prime Ministerial level, and had come to nothing. Recall that at this point, at least three confirmed deaths had taken place in Kampot, a fourth one—the first possible victim of H5N1—had been cremated by the time authorities discovered his sister who is speculated to have caught the disease while crying over her brother’s body, thanks to the Vietnamese medical system.

In the Second ‘Partnership Meeting on Avian and Pandemic Influenza’ on 20 February 2006 hosted in United Nations Main Conference Room by then UN Resident Coordinator and UNDP Resident Representative to Cambodia, Douglas Gardner, the minutes under ‘4. The Beijing Pledging Conference - outcomes and next steps’ suggest that donors had evolved from merely reporting the Cambodian government’s internal deliberations about compensation to demanding clarification on the issue:

Mr. Gardner said ... compensation to farmers is key to containing the virus at the sites. A clarification of compensation policy is required.

Mr. Kao Phal, Director of Department of Animal Health and Production at the Ministry of Agriculture, Forestry and Fisheries said the Ministry has no compensation policy but is providing incentives to farmers with support from FAO. These include technical support to farmers to improve bio-security in the farm, provision of protective gear and equipment for culling, disposal of affected poultry and disinfection of poultry premises. To strengthen surveillance and early response, MAFF buys ducks from farmers to be studied. Communication materials have been distributed to farmers so they understand more about the disease. Training for village animal health workers is continuing providing some 1,900 with protective equipment, pump spray, disinfectant, gloves, masks, posters and small calendars with hotline numbers.

However, no matter what the external agencies said, from the very beginning, Cambodian authorities had decided that there would be no compensation. This was the essence of the non-decision decision. So what explains the reason for why the government chose *not* to compensate for culled birds (nor to vaccinate live ones)? A number of themes emerged from interviews. The government clearly did not wish to spend (and did not have) its own resources nor did it want to borrow or use donor resources for this purpose because it did not wish to repeat a costly mistake with a guns-for-cash programme that had allegedly been abused; and it did not want an unfunded

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<sup>19</sup> Interview, Phnom Penh, 2 June 2008.

<sup>20</sup> Interview, Phnom Penh, 3 June 2008.

liability nor, perhaps, to set a bad precedent by actually paying for the expropriation of private property. It had concluded (whether credibly or not) that such compensation policies were ineffective elsewhere and would not work in Cambodia because of the logistical difficulties in implementing them.

Below seven different views on compensation are offered. They highlight just how much confusion exists on the matter.

Box 3.1: Culling, Compensation, and Confusion

The Council of Ministers was consulting with relevant ministries. The majority went for compensation. The MAFF Minister called me in to ask about that as well and he asked me to call a meeting with donors. When I was about to call a meeting, I got an order from him that they changed their mind, now there will be no compensation. It was from the Prime Minister ... There are pros and cons. Advantage of this is that people will inform the case of bird flu on time, and people will get some money back to restart their business. But the disadvantages are more than the advantages. When we compensate, people will put chickens with diseases into a group of chickens with no diseases. When we found a case of disease, we quarantine ... So to get compensation, they make all the chicken sick and they will get the money. This is what happened in Thailand. Second reason is that, the compensation is not 100 per cent, and people could not get money immediately, so reporting will also be late. Compensation could not help improve reporting. I would like to share about compensation in Japan. They covered almost everything including 100 per cent chicken cost, transportation, and so on. Still, people did not report. When they found the case, they kill those chickens themselves. ....Our staff felt pity for the farmer, but we could not give them money. I took a picture of him crying. When I returned, I met the Minister. When he saw the picture, he said he will work that out. I heard he asked the Chief of Department of Agriculture in Kampot to visit that farmer and gave him money quietly. This is how we compensate. *Government Official*

I read a document, I'm not sure who said that, but they said 'At some points, some people are compensated.' There is no compensation scheme at all. Our expert told us last year that we need to develop a compensation scheme otherwise people will not report. When half of my chickens died, what should be the reason to report you, so that you will come and kill the rest? And I got not a single cent in return? Also, the village vets won't go to visit people to advise or give them any information about AI. They only visit household when people ask them to give vaccination for their animals, then they will get paid. We all have many ideas about that but not sure if it works. ...So far, we find out the case of AI only after a person died. In the future we will face a pandemic if we can't control this. We need an incentive scheme. *Avian Influenza Expert*

[There] is NO money and there is no monetary compensation. Without compensation people will not be rid of the disease ... The money that has been put towards the country should have been put away for compensation fund. That would have helped the market with a telephone card so they can report it ... People capitalized their losses when the prices kept going down. No one wanted to report dead birds. So nothing really changed. No safety issues resolved. No compensation. *Veterinarian*

I asked [the head of the Department of Animal Health and Production] this question, he responded that the government doesn't want to spend money on this. I also asked him why the government did not use vaccination. He responded that in Indonesia, they have policies, the compensation and vaccination, and they still were not able to control the pandemic. I think what

he meant was that if the policy does not work, why do we need to spend money on that? But I think the government does not need to use their money, there are plenty of donors who are interested in this and we can use that money from donors. *Donor Staff*

Corruption [in compensation] should not be the only issue to blame in this matter. The market should be the issue that we need to deal with. Even if we compensate, without solving the market issue, we can't succeed. Chicken is not like other products. ... To avoid losing profit, owners would choose to sell chicken early before the official ban. ... But the RGC doesn't want to do it [compensation]. Things only happen if they wish to. This is politics. ... Money from World Bank totals about \$10 million ... [also] goes to the Council of Ministers. I don't think this will benefit much. I saw a plan from the DAHP and MoH about emergency preparedness. They talked about re-stock, and rehabilitation. We have never done any rehabilitation, but bird flu ended by itself. We didn't do anything about it. But the thing is that, even bird flu ended, it is always possible that it will happen again. *Government Official*

Government says they have no budget to compensate people. They say to me, you have to go around and check. People don't want to report, because if they report, it destroys them. *Private Sector*

People were happy with culling. They were not unhappy about being uncompensated. All they want is honesty from the government that there will be no compensation for culling. Government was not clear and not official. No vaccination has been done in Cambodia nor any compensation. They never reach the villagers because of corruption. Lots of donors want to help with compensation but the government doesn't want money. One reason could be that people would report more so that they can get the money. *Avian Influenza Expert*

Source: Author's interviews.<sup>21</sup>

## **Narrative 2: Behaviour change is the answer**

Despite media reports in Cambodia about avian influenza through radio and television broadcasts, which created high awareness and widespread knowledge about avian influenza, rural Cambodians continued to practice risky poultry handling. Building on these findings, Burgos et al. (2008: 21) argue that:

Improvement in risky practices can only be achieved through repetitive behaviour modification messages. Effective intervention programs must include feasible options for resource poor households that have limited materials for personal protection (water, soap, rubber gloves, and masks) and must offer farmers alternative methods to safely work with poultry on a daily basis.

Whether rightly or wrongly, Cambodians, and their government, perceive the risks posed by avian influenza to be low. Except for a human case in December 2008, there had not been a single outbreak in either animals or humans since April 2007 (although, this could be due in part because of pressure imposed by the July 2008 elections and the outcry by villagers whose birds would have to be culled). Cambodia's epidemic waves were mild and the number of human cases were few compared to neighbouring countries.

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<sup>21</sup> Interview, Phnom Penh, 3 June 2008; Interview, Phnom Penh, 6 June 2008; Interview, Phnom Penh, 17 February, 2008; Interview, Phnom Penh, 2 June 2008; Interview, Phnom Penh, 2 June 2008; Interview, Kandal, 6 May 2008; and Interview, Phnom Penh, 8 May 2008, respectively.

Competing narratives about risk and appropriate behaviour existed. Donors and NGOs pushed a behaviour change approach which the Cambodian government adopted, while at the local level other narratives pervaded. As an avian influenza expert observed:

Yes it is interesting how donors put an emphasis on things. If you ask farmers which ... they prefer to buy, a net for human or build fence for animals? I'm sure they would say net for human. If the awareness of people is not achieved, how can we control the pandemic? But still awareness does not guarantee that people are ready to manage pandemic. For example in Vietnam, we successfully promote awareness to people, everyone can tell about prevention methods. But are they going to do so, no. ...I know I should burn the dead chicken but it is food.<sup>22</sup>

How, then, has the argument for behaviour change been framed? Research by anthropologist Ben Hickler reveals that the indigenous taxonomy of poultry disease in Cambodia needs further consideration. Cambodians have long been aware of *dan kor kach*, the technical name for Newcastle disease, 'a seasonal sickness with heavy mortality, generally regarded as natural and harmless to humans (though harmful to livelihood)' (Dy 2008). Indeed, the economic loss to farmers from Newcastle is only one of many diseases, 'not only HPAI [highly pathogenic avian influenza], but other disease like cholera, fowl-pox also have similar economic impacts' (CENTDOR 2008: 56). *Dan kor kach* 'is seen as impossible to prevent and difficult to treat. *Pdash sai back sey* (avian Influenza) is a new term that is confused with *dan kor kach*' (Dy 2008). Hickler concludes that, in order to be effective in terms of behaviour change, communication strategies must monitor and manage both terms, *dan kor kach* and *pdash sai back sey* even if these 'may not be concordant with bio-scientific categories' (Hickler 2007: 30). One informant recalled raising poultry that would perennially suffer from *dan kor kach*, and was resigned to heavy losses, but never thought much of it. He attributes current difficulties in convincing farmers of the risk of avian influenza as inextricably linked to Newcastle disease.<sup>23</sup>

On the one hand, avian influenza's emergence has only confounded Cambodians used to dealing with *dan kor kach* in an environment in which they received little to no attention from donors, much less their own government. On the other hand, donors' overzealous response to avian influenza in comparison to an unprecedented dengue outbreak in 2007 caused outrage for Swiss paediatrician, Beat Richner, the founder of several hospitals in Cambodia. Dengue claimed 407 lives (Khoun 2008) out of some 4,000 dengue fever cases, a death rate of 10 per cent (Xinhua 2008) in comparison to H5N1's single casualty in 2007 and two casualties in 2006 (Chinaview 2007) and four casualties in 2005. According to Richner, the additional cost for his Kantha Bopha Hospitals Foundation caused by the dengue epidemic in 2006 was \$7 million (Richner 2007: 15) yet 'Neither [*sic*] a member of the International Community, not the WHO responsible on the Dengue Program, nor the Cambodian Government have made any gesture of financial contributions.' (ibid). According to Ek (2007), 'raising cash is becoming harder because of Western preoccupation with diseases like bird flu', quoting Richner: 'Bird flu is a threat to the Western world, so they pour money and commitment into that ... But dengue? There's no threat to the United States or Europe so nobody's interested.'

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<sup>22</sup> Interview, Phnom Penh, 6 May 2008.

<sup>23</sup> Interview, Phnom Penh, 17 February 2008.

### **Narrative 3: But what about poverty and livelihoods?**

Risks and their social distribution represent a third narrative that merits consideration. Given Cambodia's history and 'least developed country' status with an overwhelming backyard poultry sector, poverty and livelihoods should figure prominently in policy. Oddly, poverty and livelihoods have been subsumed into (and perhaps assumed in) avian influenza policy without having been made explicitly part of policy goals. Why this is the case has much to do with who drives policy and their motivations.

The risk avian influenza poses for poor people's poultry—and indeed not-so-poor people's poultry and related business interests—is relatively small given the nature of Cambodia's poultry industry. Moreover, since no Cambodian poultry is officially exported, safeguarding domestic production should have been a political economy driver for the Government's response to avian influenza. Unfortunately, livelihood protection did not score high for either the government or donors as the results of a survey revealed (Ear 2009a).

As the authorities provide neither compensation nor vaccines, livelihood impacts have been thoroughly ignored. Who is making the case for poor people, if not the state? In the Cambodian context, this would typically be the donors, but with respect to avian influenza, donors had dual motives. Avian influenza programming was not aimed simply at combating poverty, but focused on the protection of their own countries. The culling debate is not about industrial production and exports—as in other countries—but about poor people in the villages and towns. What voice do they have?

To answer this question requires an understanding of contemporary Cambodian politics, in particular rural politics, which is the preserve of the ruling CPP. Rural votes are needed to return the CPP to power, yet the CPP uses both gifts and intimidation in patron-client relations that mix the CPP's communist roots with Cambodian feudal society. Thus, while poverty is seen as a problem of the individual—perhaps even the individual's merits in the Buddhist sense—it is possible that pre-National Election cullings would have been discouraged by the CPP for the simple reason that being uncompensated, they were costing too much in negative public relations and political capital.

Thus an ambivalent position is adopted. The government has no major industrial and commercial pressure to take avian influenza seriously as exports and businesses are not threatened, yet the rural power base of the ruling party means that mass culling is avoided, particularly around elections, even though compensation at other times is not considered. Livelihoods of poorer poultry keepers are selectively considered, but a poverty and livelihoods focus is clearly not the main driver of policy processes.

## **4. The Political Economy of the Policy Process: Actors, Networks and Interests**

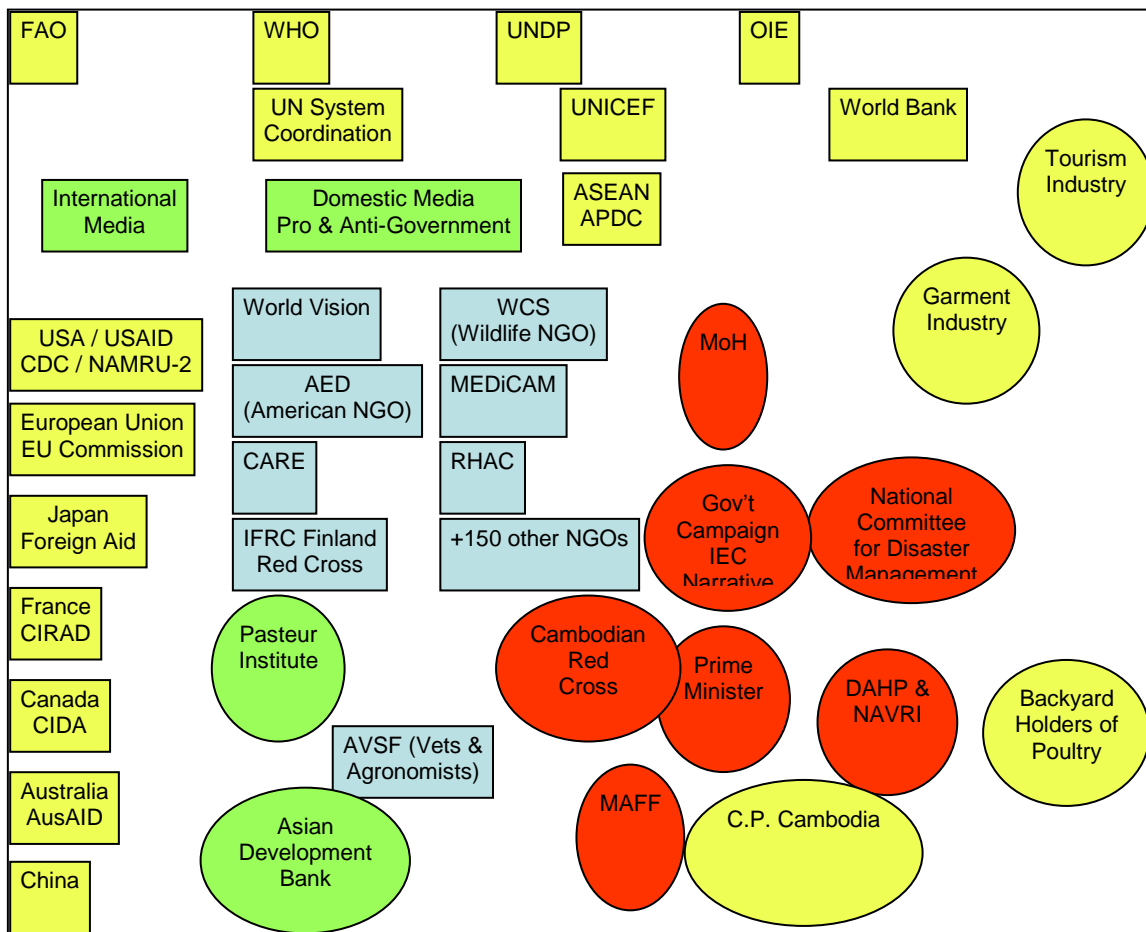
Thus three narratives have dominated the debate about the avian influenza response in Cambodia. Each has been associated with different actors, networks and interests. The narrative that 'compensation doesn't work' was heavily pushed by the government and the political elite, but strongly opposed by the donor community who argued – on both practical and ethical grounds – that compensation was vital. While compromises were struck and exceptions were made, the government held its position, although much confusion ensued. The narrative that 'behaviour change is the answer' was a joint effort of the government (notably the MoH and the UN Agencies) with significant support from donors (and Super Moan). But it revealed an alternative

narrative which emphasised poultry-keepers' own understandings of the disease, and how risks are understood in relation to other experiences. This was largely ignored in the mainstream framing of the behaviour change narrative and the design of interventions, but acted to undermine its effectiveness over time. Finally, the argument for thinking about local livelihoods and poverty was voiced by some, but surprisingly few given the importance of backyard flocks due to the reliance of the ruling party on a poor rural electorate and the donors' rhetorical commitment to poverty reduction and development.

How did these different actors in the policy process interact? And what does this tell us about the balance of interests, and the underlying politics of policy surrounding avian influenza in Cambodia? What is particularly striking is the numerous external actors involved in the avian influenza response, considering this is a country of only 14 million people at present. Since the UN-managed elections in 1993, which brought with it a plethora of NGOs, Cambodia's political terrain has been transformed. Most obviously, the international community provided billions in development aid. At least in part, aid was utilized by the governing CPP to consolidate its control over the rural provinces. Equally important, international intervention provided new space in which non-state actors could contest state authority. Invoking democracy and human rights, activists in Cambodia were able to bypass the State and appeal directly to the international community.

What is the organisational landscape within which avian influenza activities have unfolded? Figure 3.2 offers a qualitative diagram of relationships between actors involved in the avian influenza response in Cambodia.

Figure 3.2: Avian influenza actor networks in Cambodia



Source: Adapted from author's collaboration with participants at 2008 STEPS workshop.

This shows how the avian influenza response in Cambodia has been dominated by external, donor-led efforts. A huge range of actors exist, yet the state provides a barrier between external aid funding and local level action on the ground. The siphoning of aid flows to fuel patronage networks is a well known phenomenon in Cambodia, and the avian influenza response has added to this dynamic. Well connected officials, linked to political networks and the ruling party, are able to benefit, with aid efforts directed to certain areas and activities.

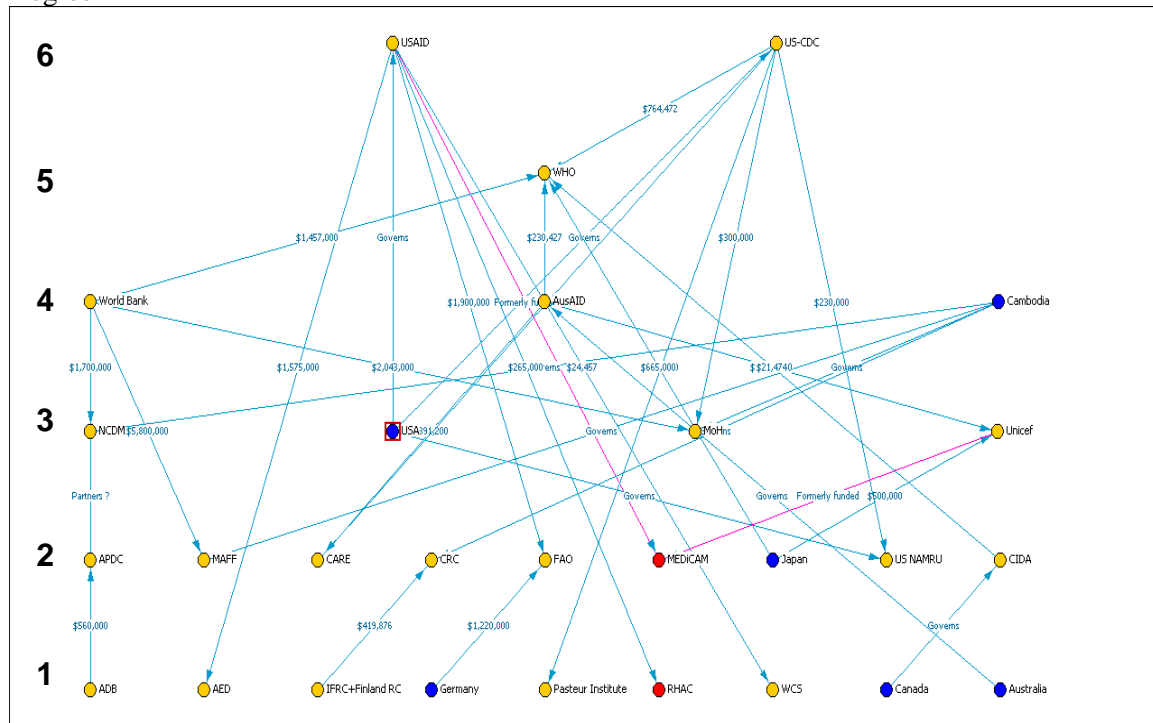
In a Geographic Information System funded by USAID, over 160 NGOs were identified as having avian influenza-related programs in Cambodia at its height.<sup>24</sup> As the author discovered in contacting a sample based in Battambang province, few were still active in the avian influenza activities by mid-2008. Figure 3.3 offers an insight into the interactions. It ranks the level of interactions of different actors, based on official funding flows during 2008-09. Black dots represent bilateral donors, grey dots represent external agencies, while the dark dots represent local NGOs (of which only two are represented). The diagram shows how the US government has taken a very active role in funding avian influenza activities, using USAID and US-CDC which have the two highest ranks.

Figure 3.2: Linkage mapping for funded avian influenza activities in 2008-2009

<sup>24</sup> [http://www.medicam-cambodia.org/hsi/ai\\_mapping/GisSrch\\_org.asp](http://www.medicam-cambodia.org/hsi/ai_mapping/GisSrch_org.asp)



Degree



Source: Adapted from UNRC (2008).

This mapping is based on funds and official flows of partners officially recognised by the United Nations Resident Coordinator's (UNRC) Office, and so cannot reveal informal arrangements and interests, an important aspect of the political economy of avian influenza. The private sector, as represented by companies like C.P. Cambodia, is also not represented because of the opacity of its operations in Cambodia.

From these assessments of actors and their networks, three themes are apparent. First, donors and NGOs — who number at least in the hundreds — play an important role in influencing policy by pressuring the authorities into making certain policy pronouncements even if these are not, ultimately, respected. Avian influenza-related aid has emerged as yet another line-item in the revenue stream for the authorities, soon to be supplanted by a frenzy of Swine Flu activity (as of this writing, Cambodia has confirmed eight cases of H1N1, all of whom have been visitors and seven of whom have since returned to their home countries following treatment). Beyond aid, the importance of tourism is apparent, as is the role of bureaucratic politics in divvying-up—through patronage—the aid deluge accelerated by the avian influenza industry.

With insufficient domestic revenues, the state and its functionaries rely on aid and 'informal revenues' or 'bribe taxes'. This then reflects particular interests in and outside the state, forming alliances (of ideas, practices, bound by funds) between those in the state and the aid community, with benefits accruing to both sides. The CPP's control of rural areas ensures its electoral survival for the foreseeable future; the bankrolling of its activities requires agile footwork with patronage and corruption. Thirdly, the role of the international media's portrayal of Cambodia and the state's formal and informal limitations on the domestic media (Ear and Hall, 2008) mean two media worlds exist, inside and outside Cambodia.

All of these themes link to a core storyline of a weak state in an aid-dependent environment, albeit with rapid double-digit growth. Questions of ownership are a serious problem in Cambodia. A donor-driven agenda can sometimes result in effects where the government formally leads by nominally ‘chairing’ a committee or thematic working group, but donors are in fact calling the shots. A manager in a donor agency commented:

One thing you should ask is that [some donors] contracted so much money with NGOs, some NGOs got so much money, more than the money I have for the whole country project ... Now, they have donor coordination meeting, but that was only donors’ agenda, it was not so much about the country. ..We need more transparency from donors as well. One of the things we should do is to coordinate among donors, make sure our supports are not duplicated. So far, they had never contacted me. As a result, most of the time we saw the government staff busy with training supported by donors and no time to implement their actual work.<sup>25</sup>

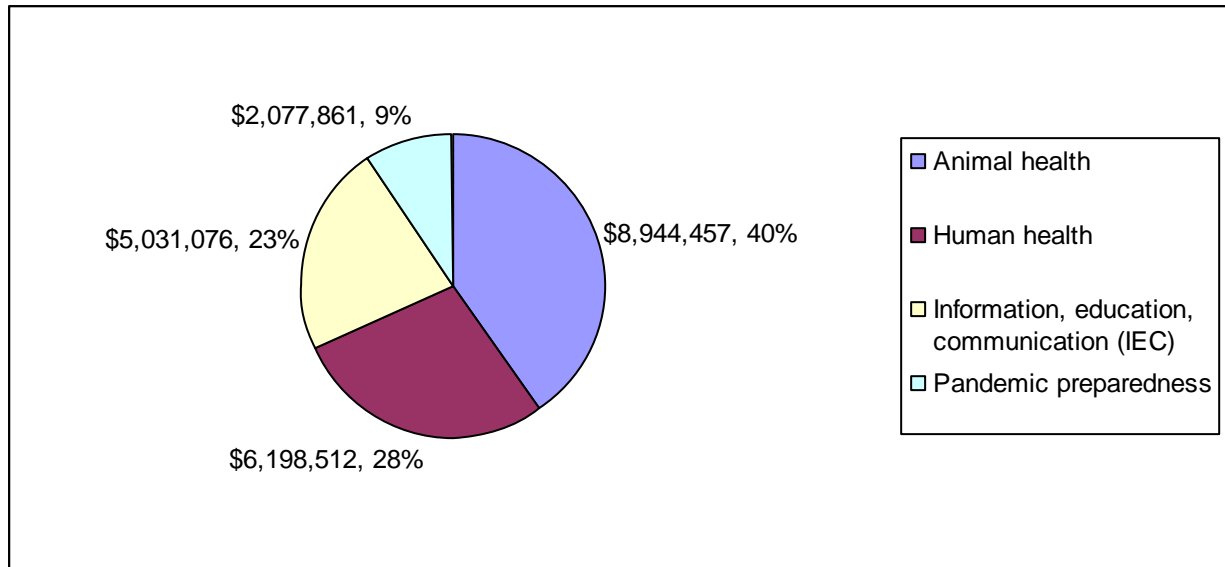
While avian influenza funding stands at \$22 million for 2008-2009, there is much more money being channelled to Cambodia where the rationale includes public health. For example a current health project funded by the World Bank and other donors will total \$100 million. In 2008 Cambodia ranked seventh among the top 10 ‘main recipients’ in terms of Animal and Human Influenza country assistance with \$35 million in ‘Commitments’ noted at the inter-ministerial conference in Egypt (Jonas, 2008: 13). In terms of commitments per capita and commitments per outbreaks, Cambodia ranked only second to Lao PDR. In terms of commitments per human cases and commitments per human deaths, it ranked fourth.

While the situation had been quite skewed towards human health, the World Bank’s recent avian influenza project notably allocated \$5.8 million to animal health, \$3.5 million to human health, and \$1.7 million to pandemic preparedness. As with any pendulum, there will be swings back and forth as different interests coalesce and divide the funding pie. Figure 3.4 shows the current breakdown of committed funds for Animal Health, Human Health, IEC, and Pandemic Preparedness.

Figure 3.4: Cambodia’s Avian Influenza and Pandemic Preparedness Pie in 2008-2009

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<sup>25</sup> Interview, Phnom Penh, 2 June 2008.



Source: Adapted from UNRC (2008).

The \$11m World Bank's Avian and Human Influenza Control and Preparedness Emergency Project in particular has added substantial resources to the animal health sector in recent years, shifting the balance of expenditure—and power over resources—away from human health which had captured the largest percentage earlier. The project however has not been without controversy. It was on hold for two years as it swung back and forth between UN and government implementation. Formulated in 2006, it involved MAFF, MoH, and NCDM and took two years to eventually be signed. It was envisaged as government-implemented in a June 2006 draft of the project document, then shifted to implementation by FAO, WHO, and UNDP in a 20 April 2007 draft only to grind to a halt because of disagreement between the World Bank and the United Nations over who would have the final say over audits. Unable to come to an agreement, a 14 February 2008 version the project reverted to government implementation.

This story shows what happens to large amounts of uncoordinated donor aid allocated in an emergency mode. It additionally illustrates the challenges of donor intervention work when absorptive capacity of the state is low (or high in the wrong ways). Initial plans had been for government implementation, but this was moved to the UN as concerns were raised about both absorptive capacity and diversion of funds. The Bank had just declared misprocurement in 2003 on the demobilisation project and by June 2006 more financial malfeasance was uncovered with seven additional World Bank projects. Indeed, there was even talk from then World Bank President Paul Wolfowitz of cutting-off Cambodia completely because of corruption in Bank projects. With MAFF charged with a substantial implementation role, questions are again being raised about competence and capacity. An avian influenza expert commented:

They thought that we don't have capacity to cope with animal health, and they don't want to invest in capacity building. The thing is the World Bank sees that MoH has the capacity in managing finance, where the MAFF doesn't, so they need more money to actually strengthen that financial system. Also they see that the MoH is way ahead of the MAFF. The MAFF doesn't even have any budget on that.<sup>26</sup>

<sup>26</sup> Interview, Phnom Penh, 6 May 2008.

A particular challenge, as we have seen, has been the competition within the state system over aid resources. This has caused confusion, overlap and opportunities for rent-seeking. Patronage struggles occur in the context of an increasing number of cabinet appointees, and intense competition over how donor resources can be divvied-up. Quarrels, rivalries and competition between political parties, ministries and departments are common-place in any country—and Cambodia is no exception. This constitutes one of the major components of institutional failure, coupled with the lack of qualified human resources.

As a doctor working for an international NGO commented:

The health system has been stronger for quite some time already, while agriculture has not. More attention has been paid to strengthen the health system, which is not the case with agriculture. With the fact that authority over resources has been given [to health projects], it is about ownership. Health people think it is their project, while MAFF] does not see it the same way.<sup>27</sup>

A donor official summed it up, ‘MAFF has to understand too, in the ‘pandemic’ stage, animal health doesn’t matter anymore, but food security, human health, prevention, behaviour modification, etc...’.<sup>28</sup> Another donor official added:

In fact, MoH and MAFF can barely collaborate, though with avian influenza issue, they have to work jointly, but tension still occurs. For example, regarding World Bank’s funds, MoH seems unsatisfied due to strictness of the Bank funds’ administration and procedure, while MAFF welcomes the grant as they have never had such grant. NCDM also strongly satisfied its role of coordinator. I noticed that NCDM does not really play its role well, as it is a huge structure which includes all kind of disasters so that they don’t know how to effectively integrate and handle avian influenza within their programme.<sup>29</sup>

The turf wars between ministries are as much about the ability to extract from discretionary power (taxation, licensing fees, etc.) as they are about obtaining vehicles, per diems, and study tours. A project director—in government—bemoaned having to leave one donor for another because he would not be permitted to receive pay from both. He weighed the pros and cons of each carefully. Of course, at the end of the day, this would not be his only revenue stream. Staff in the ministry must pay up the pyramid, a normal feature of working the ‘system’: Trips within country or abroad are ‘taxed’, and decisions to extend contracts are ‘taxed’.

## Conclusion

The story of the avian influenza response in Cambodia is all too common in aid-dependent countries. Without its own resources (because of an unwillingness to raise official revenues), the state and its functionaries rely on aid and informal revenues. In turn, the functionaries then reflect the particular interests inside and outside the state. Thus alliances of ideas and practices are bound by funds and are formed by those in the state and the aid community, with benefits accruing to both sides. For these reasons, policies and their implementation are governed by complex patronage relations played out by and between government officials, NGOs and donor agencies. What is chosen as a priority or a policy is dependent on the balance of power and interests

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<sup>27</sup> Interview, Phnom Penh, 2 June 2008.

<sup>28</sup> Interview, Phnom Penh, 3 June 2008.

<sup>29</sup> Interview, Phnom Penh, 3 June 2008.

amongst such groups, and in particular the opportunities for rent-seeking. While there are many well-intentioned, committed and skilled people involved, the overall political economy of the policy process often undermines their efforts. The result is a set of policy narratives, supported by often very fragile alliances of interests (often down to a few individual people), which do not necessarily result in optimal practices or outcomes—for anyone. And, as seen with the case of compensation, do not necessarily represent best practice or wider lessons from elsewhere. As funds swing between different foci and with different people in charge a lack of coherence and overall strategy emerges. While there are plenty who gain—donors meet their disbursement targets, government officials add to their meagre wages and numerous NGOs stay in business—there are others who lose out. Certainly, as this paper has shown, poorer, rural poultry farmers have little say in what happens, and have suffered the brunt of the response through major culling campaigns that have often wiped out key assets in already vulnerable livelihoods.

There may be other losers too. As the BBC docu-drama highlighted, Cambodia has been perceived as a potential ground zero for the next pandemic. Has the significant investment of avian influenza resources really improved global preparedness and made anyone safer—in Cambodia or elsewhere? Or have these resources made things worse, adding to policy confusion and resulting in serious misallocation of resources?

The jury is very much still out. Asked about Cambodia's preparedness and surveillance (both active and passive) for an avian influenza-like disease today, respondents to a survey (Ear 2009a) were in agreement that Cambodia's preparedness and surveillance was better today than when they had started to work on Cambodia. However, despite a macro picture in which greater readiness for future threats appears to have been achieved, a number of challenges remain. First, greater government-donor coordination is needed to align national and international interests. Second, protecting livelihoods cannot be assumed. Responses to the survey suggested that neither government nor donors were particularly effective in this area (Ear 2009a). Third, there are major differences in effectiveness both within government and among donors and NGOs. For example, the survey highlighted the remarkable contrasts between MAFF and MoH. Overall, the progress made to date by Cambodia is precarious.

A number of challenges, obstacles and opportunities are highlighted in this paper. For example, one of the reasons given for non-compensation revealed the tremendous amount of confusion there was about its effectiveness. How effective is compensation when used elsewhere, and more importantly, in countries neighbouring Cambodia? There is a clear need to increase the credibility of MAFF as a partner by building its technical capacity and financial management. In some ways, MoH's 'success' has been path-dependent, because money has been directed at MoH and so 'good' financial management, or at least a longer track record, results in more money. At the same time, the issue of livelihoods mainstreaming for avian influenza policy has been laid bare. Despite the rhetoric and posturing, the policy focus has been found lacking. Protecting livelihoods thus should not be *assumed*, but made explicit in the form of 'pro-poor' avian influenza risk reduction. Because 90 per cent of poultry is raised in backyard villages, almost anything achieved with poultry (or livestock) can be considered pro-poor, but this, regrettably, is not necessarily enough to reduce H5N1 risks in animals and humans, and thus not of particular interest do donors.

Donors too are motivated by concerns other than protecting livelihoods, just as traditional aid activities are often dominated by the need to tie aid to donor countries, avian influenza activities have been overtly focused on detecting and preventing pandemic as a threat to the donor countries themselves. As of 2008, donors have committed \$35 million to Cambodia, placing it

seventh among the top 10 recipients of avian influenza funding globally, fourth in terms of per case and per death from H5N1, and second in terms of per capita and per outbreak funding.

However, ultimate responsibility for the success or failure of policies in Cambodia must rest with those in charge. Poor governance and pervasive institutional failure have plagued the response in Cambodia. Effective disease response and effective governance must go hand-in-hand. A rushed, emergency oriented response to avian influenza may indeed have undermined already weak governance capacity in Cambodia, fuelling patronage networks and encouraging rent seeking. Whether such funds have increased the ability of Cambodia—and the world—to prevent a future pandemic remains uncertain.

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